MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/564169

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8		/						58						
9		/						59						
10		/						60						
11		/						61						
12		/						62						
13	/							63						
14	/							64						
15		/						65						
16		/						66						
17		/						67						
18		/						68						
19		/						69						
20		/						70						
21		/						71						
22		/						72						
23		/						73						
24		/						74						
25		/						75						
26		/						76						
27		/						77						
28		/						78						
29		/						79						
30		/						80						
31		/						81						
32		/						82						
33		/						83						
34		/						84						
35		/						85						
36		/						86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	32							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						

PTO - 1360 (REV. 11/89)